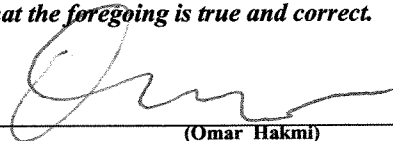


Attorney or Party without Attorney: David A. Rosenfeld, Esq. Lerach Coughlin Stoa Geller Rudman & Robbins LLP 58 South Service Road, Suite 200 Melville, NY 11747 Telephone No: 631-367-7100 FAX No: 631-367-1173				For Court Use Only	
Attorney for: Plaintiff					
Insert name of Court, and Judicial District and Branch Court: United States District Court - Southern District Of New York					
Plaintiff: Jerry Twinde, et al. Defendant: Threshold Pharmaceuticals, Inc., et al.					
PROOF OF SERVICE Summons & Complaint		Hearing Date:	Time:	Dept/Div:	Case Number: 07CV6227

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of the Summons in a Civil Case; Complaint
3. a. Party served: Threshold Pharmaceuticals, Inc.
b. Person served: Kevin Caster, Senior Vice President / Authorized to Accept Service of Process
4. Address where the party was served: 1300 Seaport Blvd. 5th Floor
Redwood City, CA 94063
5. I served the party:
 - a. **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on: Wed., Jul. 11, 2007 (2) at: 2:20PM
7. **Person Who Served Papers:**
 - a. Omar Hakmi
 - b. **Class Action Research &**
Litigation Support Services, Inc.
P O Box 740
Penryn, CA 95663
 - c. (866) 663-9590, FAX (866) 663-4955
 - d. **The Fee for Service was:**
Recoverable Cost Per CCP 1033.5(a)(4)(B)
 - e. I am: (3) registered California process server
 - (i) Independent Contractor
 - (ii) Registration No.: 360
 - (iii) County: San Mateo

8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: Wed, Jul. 11, 2007


(Omar Hakmi)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

San Mateo

} ss.

On

7/11/07

Date

before me,

Frank Kaul, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally

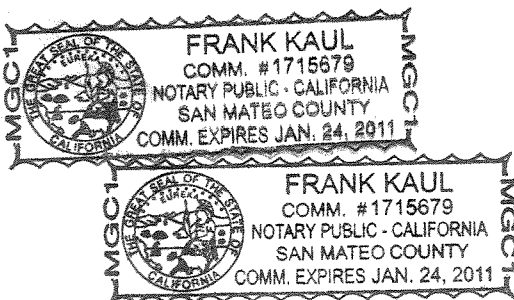
appeared

Omar Halkmi

Name(s) of Signer(s)

☒ personally known to me

☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**
 Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**
 Top of thumb here